



STATE DEPARTMENT OF MENTAL HEALTH

Calendar Year 2000 SSI/SSP RATES

Non-Medical Board and Care

Schedule of Cumulative Daily Payments

*Monthly Rate: \$749.00

Number of Days in Facility	Number of Days in the Month		
	29	30	31
1	\$25.83	\$24.97	\$24.16
2	\$51.66	\$49.93	\$48.32
3	\$77.48	\$74.90	\$72.48
4	\$103.31	\$99.87	\$96.65
5	\$129.14	\$124.83	\$120.81
6	\$154.97	\$149.80	\$144.97
7	\$180.79	\$174.77	\$169.13
8	\$206.62	\$199.73	\$193.29
9	\$232.45	\$224.70	\$217.45
10	\$258.28	\$249.67	\$241.61
11	\$284.10	\$274.63	\$265.77
12	\$309.93	\$299.60	\$289.94
13	\$335.76	\$324.57	\$314.10
14	\$361.59	\$349.53	\$338.26
15	\$387.41	\$374.50	\$362.42
16	\$413.24	\$399.47	\$386.58
17	\$439.07	\$424.43	\$410.74
18	\$464.90	\$449.40	\$434.90
19	\$490.72	\$474.37	\$459.06
20	\$516.55	\$499.33	\$483.23
21	\$542.38	\$524.30	\$507.39
22	\$568.21	\$549.27	\$531.55
23	\$594.03	\$574.23	\$555.71
24	\$619.86	\$599.20	\$579.87
25	\$645.69	\$624.17	\$604.03
26	\$671.52	\$649.13	\$628.19
27	\$697.34	\$674.10	\$652.35
28	\$723.17	\$699.07	\$676.52
29	\$749.00	\$724.03	\$700.68
30		\$749.00	\$724.84
31			\$749.00

*Total payment: \$847.00 - \$98.00 minimum (personal and incidental needs) = \$749.00